

Disinfectants and Disinfection Byproducts Rule						Chlorine or Chloramines Residual (all systems)																							
System Type - SW and GUI < 10,000 or GW doing quarterly DBP samples						*Note: Same location and frequency as TCR.																							
System Name:						Month	# samples	Avg. Total Cl ₂	Quarterly Avg.																				
PWSID#:						January																							
Reporting period:						February																							
Signature: _____		Date: _____				March																							
Disinfection Byproduct Precursor Removals (Conventional Filtration) Only SW or GUI systems that use conventional filtration need to fill this section out.						April																							
TOC Removal Requirement Table (f) <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td></td> <td colspan="3">Source Water Alkalinity</td> </tr> <tr> <td>Source TOC</td> <td>0-60 mg/l</td> <td>60-120mg/l</td> <td>>120 mg/l</td> </tr> <tr> <td>>2-4.0 mg/l</td> <td>35%</td> <td>25%</td> <td>15%</td> </tr> <tr> <td>>4.0-8.0 mg/l</td> <td>45%</td> <td>35%</td> <td>25%</td> </tr> <tr> <td>>8 mg/l</td> <td>50%</td> <td>40%</td> <td>30%</td> </tr> </table>							Source Water Alkalinity			Source TOC	0-60 mg/l	60-120mg/l	>120 mg/l	>2-4.0 mg/l	35%	25%	15%	>4.0-8.0 mg/l	45%	35%	25%	>8 mg/l	50%	40%	30%	May			
	Source Water Alkalinity																												
Source TOC	0-60 mg/l	60-120mg/l	>120 mg/l																										
>2-4.0 mg/l	35%	25%	15%																										
>4.0-8.0 mg/l	45%	35%	25%																										
>8 mg/l	50%	40%	30%																										
						June																							
						July																							
						August																							
						September																							
						October																							
						November																							
						December																							
						Avg Of Quarterly Avgs:																							
						Was MRDL exceeded? <input type="checkbox"/> No <input type="checkbox"/> Yes			MRDL: 4 mg/L																				
Month	Sample Date	(b) Finished TOC mg/l	(c) Source TOC mg/l	(d) % removal (1-b/c)*100	Source Water Alkalinity (mg/l)	(f) Req. TOC Removal %	TOC Ratio Monthly d/f	Quarterly Average Ratio																					
January																													
February																													
March																													
April																													
May																													
June																													
July																													
August																													
September																													
October																													
November																													
December																													
Finished TOC average:																													
Type of monitoring:		<input type="checkbox"/> Reduced <input type="checkbox"/> Routine <input type="checkbox"/> No <input type="checkbox"/> Yes																											
Were Removal Requirements attained?																													
						Avg. of Qtrly Avg Ratios:			(must be >1.00)																				
Total Trihalomethane Monitoring TTHM (all systems)						Haloacetic Acid Monitoring HAA5 (all systems)																							
Location: _____						Location: _____																							
Sample Date		ppb		System Size		Sample Date		ppb																					
1st Qtr				< 500 SW or GUI <input type="checkbox"/>		1st Qtr																							
2nd Qtr				500-9,999 SW or GUI <input type="checkbox"/>		2nd Qtr																							
3rd Qtr				< 10,000 GW <input type="checkbox"/>		3rd Qtr																							
4th Qtr				> 10,000 GW <input type="checkbox"/>		4th Qtr																							
Annual Running Average:				MCL: 80 ppb		Annual Running Average:																							
Type Of Monitoring:				<input type="checkbox"/> Reduced <input type="checkbox"/> Increased <input type="checkbox"/> Routine <input type="checkbox"/> No <input type="checkbox"/> Yes		MCL: 60 ppb																							
Was MCL Exceeded?:						Was MCL Exceeded?:																							
						<input type="checkbox"/> No <input type="checkbox"/> Yes																							
Bromate (Ozone Systems)				Does your system use Chlorine Dioxide?		Notes:																							
Month	ppb		Month	ppb						<input type="checkbox"/> No <input type="checkbox"/> Yes																			
January			July																										
February			August																										
March			September																										
April			October																										
May			November																										
June			December																										
(MCL:10ppb) Annual Avg:																													
Was MCL Exceeded?:				<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Reduced <input type="checkbox"/> Routine																									
Type of monitoring:																													
If on reduced monitoring, annual average of monthly bromide in source water?																													
				Form: MOR-006																									